TRANSMITTAL

Filing Date Shelest First Named Inventor **FORM** 2136 (to be used for all correspondence after initial filing) Group Art Unit Pramila Parthasarathy **Examiner Name** Sent via Express Mail Label No.: 171135.02 Attorney Docket Number

Application Number

10/010,352

November 13, 2001

ENCLOSURES (check all that apply)										
Fee Transmittal Form (in duplicate) Fee Attached			gnment Papers an Application)			After Allowance Communication to TC				
△ Amendment / Reply		Draw	ing(s) (sheets)			Appeal Commu Appeals and In	inication to Board of terferences			
		☐ Declaration ☐ Newly Executed (pages)				Appeal Commi (Appeal Notice, Brid				
☐ Extension of Time Request		ΠA	copy from a prior ap			Proprietary Information				
Express Abandonment Request		Licen	ensing-related Papers			Status Letter				
Information Disclosure Statement with Form PTO/SB/08A (pages)		Petiti				Application Data Sheet				
Response to Notice to File Missing Parts A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box			Petition to Convert to a Provisional Application			Request for Co	rrected Filing Receipt			
		••			\boxtimes	Return Receipt	Postcard			
		General Power of Attorney (SB80)		\boxtimes	Other Enclosure(s) (please identify below): ☑ Copy of this transmittal form					
		Term	ninal Disclaimer							
		Requ	est for Refund							
1450, Alexandria, VA 22313-1450; or		CD, Number of CD(s)								
transmitted by facsimile on the date shown below to the USPTO at (703) Date Signature Carole A. Boelitz Printed Name	Rem	Remarks The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.								
SIGNATURE OF ATTORNEY OR AGENT										
Signature (Andulation) F			g. No. 48,958							
Name of Attorney or Agent	ole A. Boelitz									
Date 4/20/0.5	Tel.		(425) 722-6035		Fa	csimile No.	(425) 708-5046			
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052							
Customer Number:		22971								

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION	(3)	tivo on 10/00/				Cour	lote if Known			
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METHOD OF PAYMENT (check all that apply) Check	····		Attorney Docke	1711:	171135.02					
Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the fee(s) □ Charge fee(s) indicated below indicated below, except for the filing f	TOTAL AMOUNT OF PAYMENT (\$) 0.00				Express Mail L	abel No.	N/A	N/A		
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ARRING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	For the above-ident	tified deposit	account, the Directo	or is hereb	y authorized to	(check all that	apply)			
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